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LEGISLATIVE RESOURCE CENTE

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U.S. HOUSE OF REPRESENTATIVES

	Employee	1	House of Representatives 201 Annual (Due: May 15, 2017)		STATUS STATUS REPORT TYPE
Officer or Employing Office: Staff Filer Type: (if Applicable)	Officer or Employing Office:	State: MO	Name: //// Member of the U.S.		
(Unica use unity)		Jackimo Tolonh			
	For Use by Members, Officers, and Employees		UNITED STATES HOUSE OF REPRESENTATIVES 2016 FINANCIAL DISCLOSURE STATEMENT	STATE	ONITED 2016 FIN
Page 1 of W U.S. NOUSE OF	Form A				

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	C. Did you or your spouse have "samed" income (e.g., salaries, honoraria, or persion/IRA distributions) of \$200 or more during the reporting period?	xieni chăć purchase, sell, or eal estate in a transaction period?	A. Did you, your spouse, or your dependent child: A. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? at B. Receive more than \$200 in unserned income from any reportable seast during the recording period?
Yes X No	Yas No	Yes X 160	Yes No X	Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES	 Did any individual or organization make a donation to cherify in iou of paying you for a speech, appearance, or article during the reporting period? 	H. Did you, your spouse, or your dependent child receive any reportable travel or reinfoursements for travel totaling more than \$375 in value from a single source during the reporting period?	G. Did you, your spouse, or your dependent child receive eny reportable glift(s) totaling more then \$3.75 in value from a single source during the reporting period?	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar. Yes No year up through the date of filing?
YOU ANSWER "YES	*	\(\frac{\fracc}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}}}}{\frac}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	¥	¥ × × × × × × × × × × × × × × × × × × ×

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS

IPO - Did you purchase any shares that were allocated se a part of an initial Public Offering during the reporting period? If you enswared "yes" to this question, please contact the Committee on Ethics for further guidance.	Yes 18
TRUSTS - Details regarding "Qualified Bind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	¥ . □
EXEMPTION – Have you excluded from this report any other assets, "uncarned" income, transactions, or liabilities of a spouse or your dependent child because they meet Yes No Xi all three tests for exemption? Do not arrawer 'yes' unless you have first consulted with the Committee on Ethics.	¥8. □ ₩

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SCHEDULE C - EARNED INCOME

Name: Win LACY CLAY Page of

					MISSOURI STATE EMPLYETS RETIREMENT SYSTEM	TRESTMENT COMMUNITIES OF AMERICA	MISSOURI STATE EMPLYEES RETIREMENT SYTTEM	Examples: One of Englands (Oct. 2) Ones of Control Regulation (Oct. 2) Ones of Control Regulation (Oct. 2)	Source (include date of receipt for honoraria)	List the source, type, and amount of earned income from any source (other than the ster's current employment by the U.S. government) totaling \$200 or more during the reporting the source and emount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Military pay (such as Nethonal Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. INCOME LIMITS and PROMISITED INCOME: The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff rate was \$27,485. In addition, certain types of income (notably honoraris, director's fees, and payments for professional services involving a foliation, resisionship) are totally prohibited.
					Consequences	Spowe trans	NOTS/CON	Legislative Pension Spores Speech Spores Salary	Type Approved Teaching Fee	nment) bateling \$200 or more during the slow. Social Security Act. d at or above the "senior staff" rate was recipionship) are totally prohibited.
					¥ 5,076	NA	21,090	316,000 N/A N/A	Amount	reporting period. For a spouse, list \$27,495. The 2017 limit is \$27,765.

perior you re \$10,00	t Hebliffes of a Members: d. Members: nrt it out or an to you by a si to you. "Colum	Report liabilities of over \$10,000 owed to any one creditor at any fitne during the representation. Members: Members are required to report all liabilities secured by real proy you ren't it out or are a Member's, barns secured by automobiles, household furniture owed to you by a spouse or the child, parent, or sibling of you or your spouse. Rep \$10,000. "Column K is for fiabilities hald solely by your spouse or dependent child.	or at any time dealitties secured abilities secured mobiles, househ of you or your a repouse or dep	Report leadlities of over \$10,000 owed to any one creditor at any fittre during the reporting period by you, your spouse, or your dependent child. Man't the highest amount owed during the reporting period. Members are required to report all liabilities escured by real property including mortgages on their personal realdence. Exclude: Any mortgage on your personal realdence (unless you ren't it out or are a Member); barns secured by automobiles, household furniture, or appliance; liabilities of a business in which you own an interest (unless you are personally liable); and fabilities of the you by a spouse or the child, parent, or shiring of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for flabilities held solely by your spouse or dependent child.	ie, or your in persona siness in w if (i.e., crea	depend realder frich yo fit card	nce. Ex u own a only if	d. Mari colude: on intera the beli	Any ma	pheet a xrigage ss you the clo	on you are per	owed c r person recruity e report	during the label; a liable); a liable); a liable); a	he repa ence (u and liat od exce	niess XIIInes Veded
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, fusion of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, porprofit organization, aborr organization, or educations or other institution other than the United States. Exclude:

Positions held in any religious, socies, fraternal, or political	Positions held in eny retigious, social, fraternal, or political entities (such as political parties and campalian organizations), and positions solely of an honorary nature.
Position	Name of Organization
PIACOPA	WILLIAM LOW FOHELMESTID + RESERROH FUND
DIRECTOR	PROJECT VOTE SMART

Page 6 of 7

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RETACHENT SYSTEM MISSOURI STATE LEGISLATORS RETIREMENT	BETHENENT SYSTEM !	
	9/11 MISSOURI STATE EMPLOYEES	11/19
Terms of Agreement	Parties to Agreement	Date
Identity the date, partise to, and general terms of any agreement or arrangement that you have with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government or continuing participation in an employee welfare or benefit plan maintained by a former employer.	to, parties to, and general terms of any agreement or arrangement that you have r deferral of payments by a former or current amployer other than the U.S. gove	identify the da continuation o employer.

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your dependent child from any source during the year. Excitude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$160 or less need not be added towards the \$375 declosure threshold. Note: The gift rule (House Rule 25, datuss 5) prohibits acceptance of gifts except as specifically provided in the rule.

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Source	Description	Value
Example: Mr. Joseph Smith, Artington, VA	Siver Platter (determination of personal friendship received from the Ethica Committee)	\$400
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SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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Name: Wm	
S Namo: Wm CACY CCAY	
Page 2 of	
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Identify the source and list travel litherary, deles, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and relimburated by the sponsor.

EXCLUDE: U.S.C. § 734 the filer.	were pair by you and remourand by the spower. EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a toreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); postical travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is rotally independent of his or her relationship to the filer.	cel governments, or by a fo e Federal Election Campaig	preign government required to be separately reported un gn Act; travel provided to a spouse or dependent child th	der the Foreign Gil hat is totally Indepa	ts and Decoration	we Act (FGDA, 5 ir relationship to
	BOWER	Date(s)	City of Departure Destination-City of Return	Lodging? (YM)	Food? (Y/N)	Family Marshar Included? (YN)
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